Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997							Application or Docket Number 10/064473				
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMA TY	ALL ENTITY	OR		R THAN ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		E FEE]	RATE	FEE	
BASI	C FEE						395.00	OR		790.00	
TOTAL CLAIMS		/	/ 7 minus 20 = * /		0	x\$11	=	OR	x\$22=		
	PENDENT CLA		<u> </u>	us 3 = *		x41	=	OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT					j∖:		5=	OR	+270=		
* If th	* If the difference in column 1 is less than zero, enter "0" in column 2					тоти	L STO	OR	TOTAL		
					(Column 3)	SMA	ALL ENTITY	OTHER THAN Y OR SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	· 19	Minus	20	=	x\$11	=)	OR	x\$22=		
AMENDMENT	Independent	. 2	Minus	3	=0	x41:	= /	OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135	i=	OR	+270=		
	(Column 1) (Column 2) (Column 3)					ADDIT. F		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	x\$11	=	OR	x\$22=		
	Independent	*	Minus	***	=	x41	=	OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135	5=	OR	+270=		
(Column 1) (Column 2) (Column 3)						TO ADDIT. F		OR	OR ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	*	Minus	**	=	x\$11	=	OR	x\$22=		
AMENDMENT	Independent	•	Minus	***	=	x41	=	OR	x82=		
				DEPENDENT CL		+135	5=	OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 4.											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											